



DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

EPSDT ASSESSMENTEARLY PERIODIC SCREENING, DIAGNOSIS,
AND TREATMENT (EPSDT)

To be completed by physician.

Send this form to:

ADOPTION SUPPORT PROGRAM,

1. ASSESSMENT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Periodic	2. SCREENING DATE
3. PATIENT IDENTIFICATION CODE (PIC)	

4. CHILD'S NAME	5. BIRTHDATE	6. AGE	7. FAMILY NAME
8. Is child currently in foster/group care placement? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, where:			
9. SOCIAL WORKER'S NAME	10. OFFICE	11. TELEPHONE NUMBER	

A. DEVELOPMENTAL ASSESSMENT

INCLUDE HEIGHT, WEIGHT, HEAD CIRCUMFERENCE, GROWTH MILESTONES, AGE APPROPRIATE COGNITIVE ABILITIES, MOTOR DEVELOPMENT, ETC.

B. IMMUNIZATION: ENTER DATE GIVEN AND OFFICE WHERE GIVEN

	DATE	OFFICE WHERE GIVEN		DATE	OFFICE WHERE GIVEN
DPT			MMR		
Polio			HIB		
DT			HEPB		

C. LABORATORY TESTS: CHECK "NORMAL" OR DESCRIBE ABNORMAL RESULTS

	DATE	NORMAL	DESCRIBE ABNORMAL RESULTS
Hematocrit			
Sickle Cell			
CBC			
Urinalysis			
Tuberculin			
PKU/thyroid			
Lead Screen			

C. LABORATORY TESTS: CHECK "NORMAL" OR DESCRIBE ABNORMAL RESULTS

NORMAL	QUESTIONABLE	ABNORMAL	OMIT	Title
				Head, neck, and lymphatics
				EENT
				Chest
				Blood pressure
				Heart
				Abdomen
				Musculoskeletal
				Neurological
				Skin
				Genitourinary

E. VISION ASSESSMENT (INCLUDE DATE GIVEN)

CHILD'S NAME	PATIENT IDENTIFICATION CODE (PIC)																		
F. HEARING ASSESSMENT (INCLUDE DATE GIVEN)																			
G. DENTAL/ORAL ASSESSMENT (INCLUDE DATE GIVEN)																			
H. NUTRITIONAL STATUS																			
I. CHILDHOOD DISRUPTIONS																			
<p>Children who have had childhood disruptions, experienced abuse or neglect, or been adopted often have emotional problems related to these disruptions in their development. Do you have concerns about this child's mental health needs related to the following.</p> <p>If the answer is YES, please explain.</p> <table style="width: 100%;"> <tr> <td style="width: 10%;">NO</td> <td style="width: 10%;">YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Emotions:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Behavior:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Development:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Family situation:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Education:</td> </tr> </table> <p>Do you recommend further assessment or services for any of the above indicated concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are there concerns regarding mental health or substance abuse? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you recommend further evaluation for mental health? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you recommend further evaluation for alcohol/substance abuse? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		NO	YES		<input type="checkbox"/>	<input type="checkbox"/>	Emotions:	<input type="checkbox"/>	<input type="checkbox"/>	Behavior:	<input type="checkbox"/>	<input type="checkbox"/>	Development:	<input type="checkbox"/>	<input type="checkbox"/>	Family situation:	<input type="checkbox"/>	<input type="checkbox"/>	Education:
NO	YES																		
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<input type="checkbox"/>	<input type="checkbox"/>	Education:																	
COMMENTS																			
PRINT PROVIDER'S NAME	PROVIDER'S SIGNATURE																		
PROVIDER'S TAX IDENTIFICATION NUMBER	TELEPHONE NUMBER (INCLUDE AREA CODE)																		